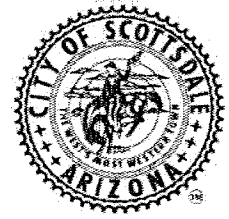


CITY COUNCIL REPORT



Meeting Date: July 5, 2011
 General Plan Element: *Land Use*
 General Plan Goal: *Sensitively integrate land uses into the surrounding settings*

ACTION

Restaurant Liquor License Request for Michael Dominick's Lincoln Avenue Prime Steakhouse 71-LL-2011. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for a new location and new owner.

OWNER

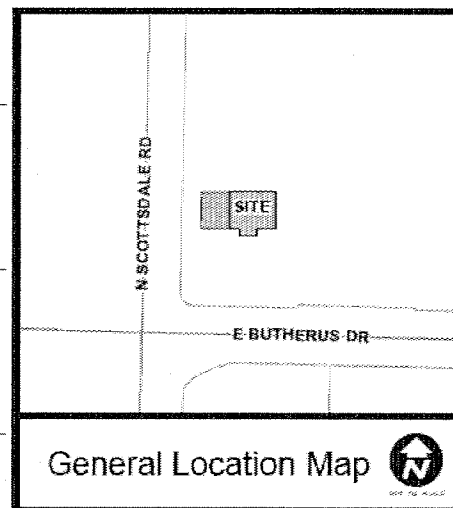
Dominick's Italian Steakhouse LLC

APPLICANT CONTACT

Oliver Badgio

LOCATION

15169 N Scottsdale Rd C-100



BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This is a new location in Scottsdale Quarter.

There are 29 liquor licenses within a one half-mile radius of this location. See Attachment #3 for graphic representation of these locations.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food.

The applicant has indicated that this establishment will serve liquor between the hours of 4 p.m. to 2 a.m. Sunday through Saturday; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

Maricopa County

Maricopa County Environmental Health has reported no opposition to this case.

IMPACT ANALYSIS

Current Planning Department

A.R.S. Section 4-112.B.1.; R19-1-310 State Criteria for Restaurant Operations.

This owner intends to operate this location as a restaurant with Live Entertainment. Staff has assessed the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. Staff finds that the establishment is designed and intended to operate as a restaurant. The bar service area is 773 sq. ft or 8% of gross floor area, and the kitchen area is 1,620 sq. ft. or 16% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Outdoor Patio.

The proposed restaurant does not have an outdoor patio, but it does have a partially enclosed roof top garden dining area.

Development Information.

This establishment is 10,192 sq. ft. in size, including the 2,215 sq. ft. roof top garden dining area.

Zoning.

This site is zoned Planned Regional Center (PRC) which allows restaurants as a permitted use and this site has an existing Conditional Use Permit for Live Entertainment. The applicant has been notified of the City's expectation that the business will operate as a restaurant as defined by City Code and has been notified of the conditions associated with the existing Conditional Use Permit for Live Entertainment.

Parking.

A total of 34 spaces are required for this use and 2,987 spaces are required for the shopping center. A total of 3,200 spaces are provided in the shopping center. Parking is in compliance with the Zoning Ordinance.

Public Safety Division

Police Department: Recommend Approval

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4.-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

A.R.S. Section 4-112.B.1; R19-1-102 Criteria for Granting a License for a Certain Location

The local governing authorities and the Department of Liquor Licenses & Control may consider the following criteria in determining whether public convenience requires and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons who are in favor of or opposed to the issuance of a license, and who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all other governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market, and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on business or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the Board.
11. Comparison of the hours of operation of the proposed premises to the existing businesses in close proximity.
12. Proximity to licensed childcare facilities as defined by A.R.S. 36-881.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining that the community's best interest is substantially served by the issuance of the liquor license and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Bryan Cluff, Planner, bcluff@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

Tom Henny, Commander Downtown Patrol District, thenny@scottsdaleaz.gov
Public Safety Division

Malcom Hankins, Code Enforcement Manager, mhankins@scottsdaleaz.gov
Economic Vitality Division

APPROVED BY

Tim Curtis, AICP, Current Planning Director
312-4210 tcurtis@scottsdaleaz.gov

 6/16/2011

Connie Padian, Administrator
312-2664, cpadian@scottsdaleaz.gov

 6/16/11

ATTACHMENTS

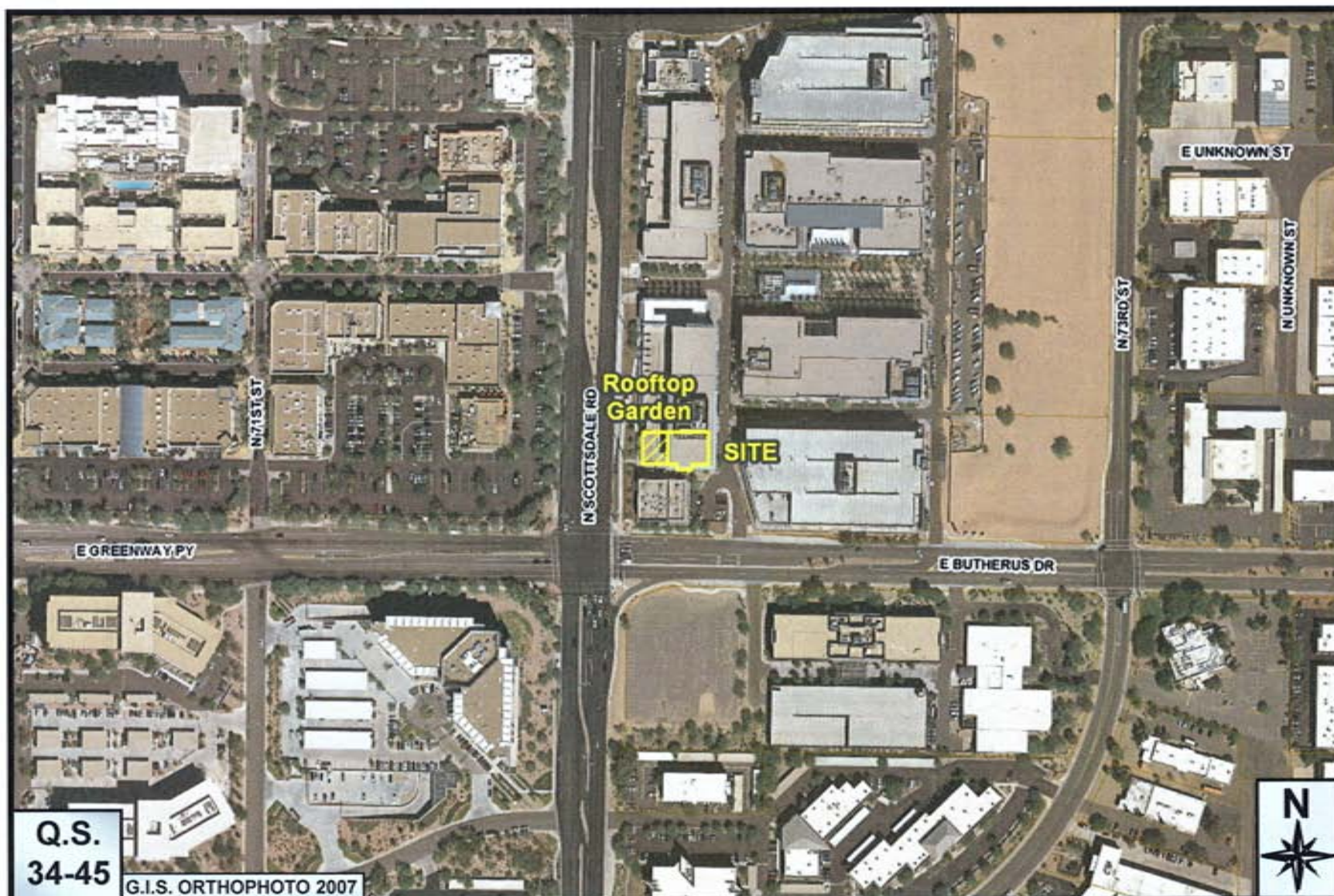
- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: Graphic – Liquor License Locations Within Half-Mile
- #4: City of Scottsdale Applicant Questionnaire
- #5: State Application Sections 1-17
- #6: State Background Information



71-LL-2011

**Michael Dominick's Lincoln Avenue Prime
Steakhouse**

ATTACHMENT #1

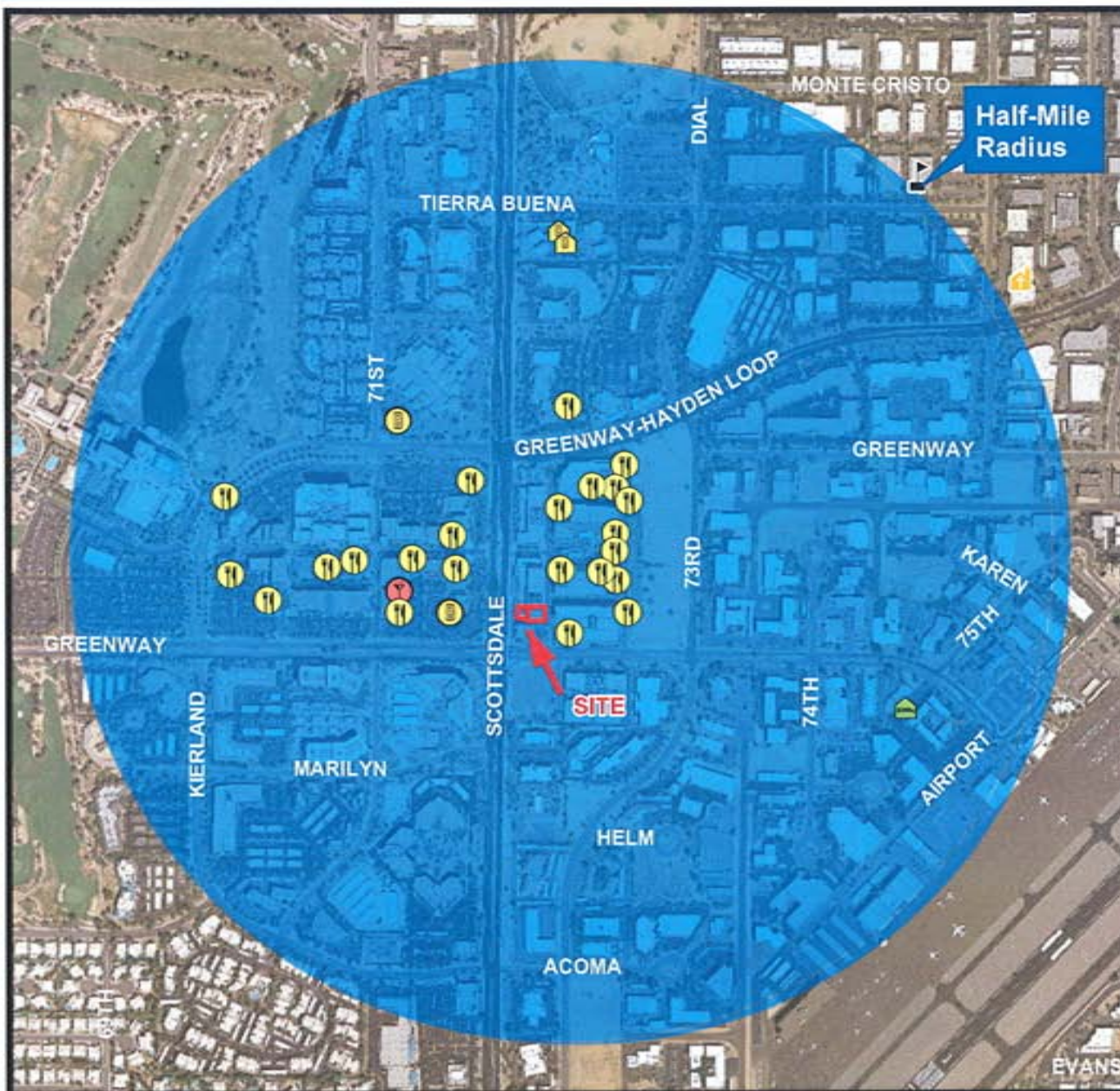


71-LL-2011

ATTACHMENT #2

**Michael Dominick's Lincoln Avenue Prime
Steakhouse**

Liquor Licenses Within A Half-Mile Radius of 15169 N Scottsdale Rd.



LEGEND

- Faith Community
- Private
- Public

Liquor License Count by Series Within a Half-Mile Radius of Site

- 1 - Bar (Series 6)
- 2 - Beer/Wine Bar (Series 7)
- 2 - Beer/Wine Store (Series 10)
- 24 - Restaurant (Series 12)

Total Licenses in Half-Mile Buffer = 29

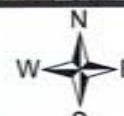
Note: Liquor License location markers are placed for visual clarity and may not reflect the exact location of Liquor License establishments.



Map Produced by Planning & Development Services GIS

71-LL-2011

Attachment #3





Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Name of Business: Michael Dominick's Lincoln Avenue Prime Steakhouse

Business Address: 15169 N Scottsdale Rd C-100 Scottsdale AZ 86254

Type of Business (restaurant, bar, grocery, retail) Restaurant

Total Gross Square Footage of Establishment: 10,800

Was there a previous business at this location? ☐ Yes ☒ No
If yes, list the previous business: _____

Was liquor sold at this location prior to this application? ☐ Yes ☒ No
If yes, what type of license? _____

Is this business currently open? ☐ Yes ☒ No

If yes, is this business operating with an Interim license? ☐ Yes ☒ No

If no, what is the proposed opening date? September 1, 2011

Is this business under construction or being remodeled? ☒ Yes ☐ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio 30x60

Does this business have a proposed patio? ☐ Yes ☐ No Dimensions of patio _____

How many parking spaces are allocated to your business? 25 dedicated plus Valet

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

***May require a Conditional Use Permit**

During what hours will the establishment provide full kitchen service? 5pm till 12am

During what hours will the establishment offer liquor sales? 4pm till 2 am

Gross square footage of kitchen: 2,580

(do not include refrigerators or areas used for storage of food or beverages)

Gross square footage of bar service area: 310

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Karaoke?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Live Bands?	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	DJ?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Amplified music?	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Games?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Adult Entertainment?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Four or more pool tables?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
After hours?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No			

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
This is our eighth fine dining steakhouse location we have operated seven locations simultaneously in AZ and CA. After selling our previous company in 2007 we are beginning a new brand. We have 20 yrs experience and proper liquor training.
2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
Michael Dominick's Lincoln Avenue Prime Steakhouse offers Prime Steaks, Fine Wines and personal service unique to this market and will fill a void in the high end fine dining segment in the area.
3. Please describe your business:

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Oliver Badger

Signature: [Signature]

Date: 6-10-11

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

11 JUN 6 Lir. Lic. PM 3 46

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT **Complete Section 5**
☒ NEW LICENSE **Complete Sections 2, 3, 4, 13, 14, 15, 16**
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT **Complete Sections 2, 3, 4, 10, 13, 15, 16**

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. **Complete Section 6**
☐ INDIVIDUAL **Complete Section 6**
☐ PARTNERSHIP **Complete Section 6**
☐ CORPORATION **Complete Section 7**
☒ LIMITED LIABILITY CO. **Complete Section 7**
☐ CLUB **Complete Section 8**
☐ GOVERNMENT **Complete Section 10**
☐ TRUST **Complete Section 6**
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): #12 Restaurant

2. Total fees attached:

Department Use Only
\$ 2440

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Badgio Oliver Charles
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Dominick's Italian Steakhouse LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Michael Dominick's Lincoln Avenue Prime Steakhouse
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 15169 N. Scottsdale Rd C-100 Scottsdale Maricopa 85260
(Do not use PO Box Number) City County Zip
5. Business Phone: 480-272-7271 Daytime Contact: 480-235-1306
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 15169 N Scottsdale RD C-100, Scottsdale AZ 85260
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 1000 Application Interim Permit Agent Change Club 1440 Finger Prints \$ 2440
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: AC Date: 6/6/2011 Lic. # 12078770

SECTION 5 Interim Permit.

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co..

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**

☒ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: Dominick's Italian Steakhouse LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 02-17-2009 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1506679-3 Date authorized to do business in AZ: 02-17-2009
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Coast Line Investments LLLP			MGR/MBR	8560 E Via Dona Rd Scottsdale	AZ	85266	
Twenty Seven Investments LLLP			MGR/MBR	8342 E. High Point Drive Scottsdale	AZ	85266	
Troilo	Scott	Anthony	MBR	16441 N 90 Th Street Scottsdale	AZ	82560	
Badgio	Oliver	Charles	V.P.	16441 N 90 th Street Scottsdale	AZ	85260	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Coast Line Investments LLLP			40	8560 E Via Dona Rd Scottsdale	AZ	85266	
Twenty Seven Investments LLLP			40	8342 E. High Point Drive Scottsdale	AZ	85266	
Troilo	Scott	Anthony	20	16441 N 90 Th Street Scottsdale	AZ	82560	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

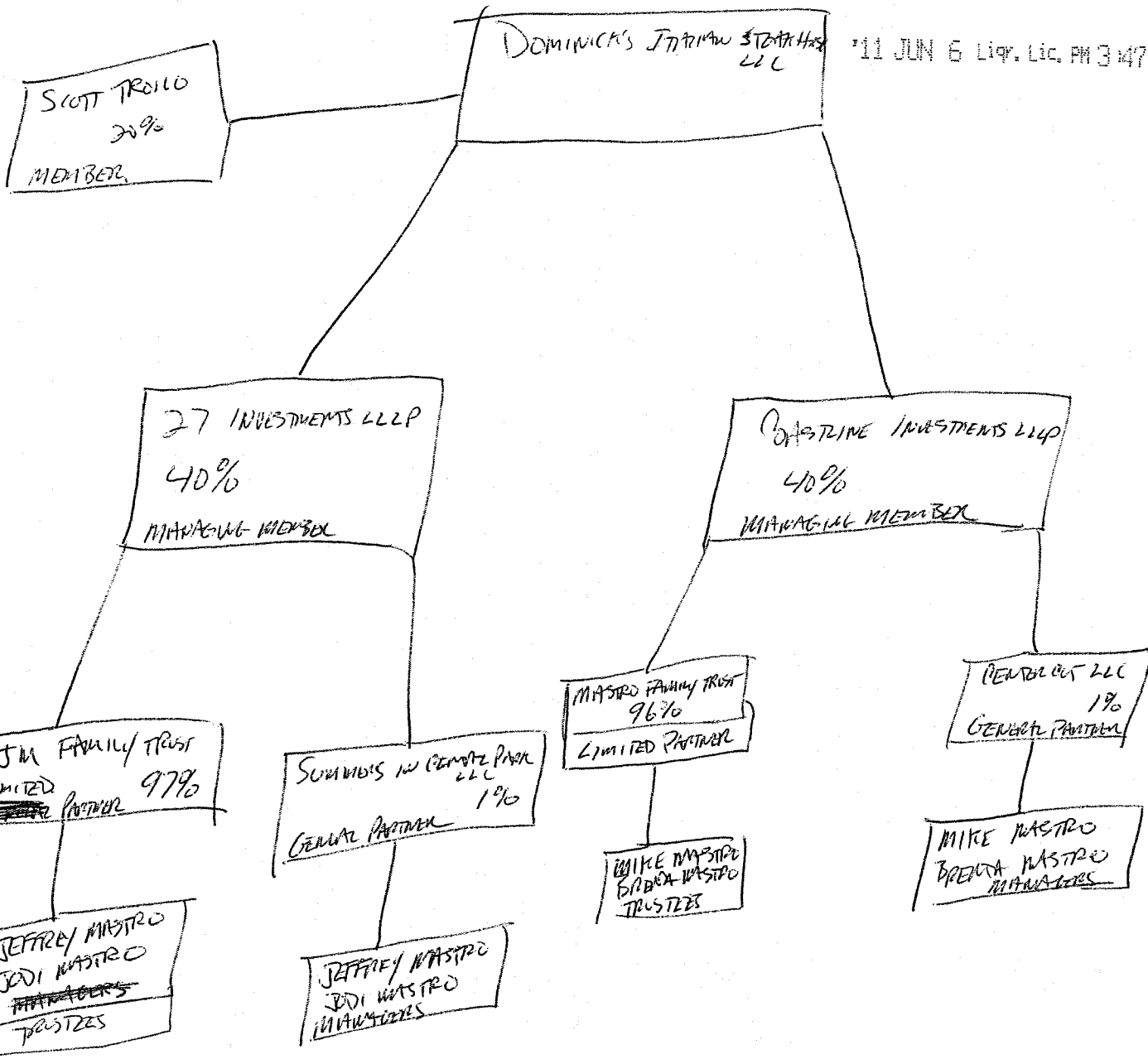
SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)



SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License.

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day

Month

Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____ *11 JUN 6 1149. LIC. PM 3 47*
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Gillette Realty
Address 15167 N Scottsdale Rd Scottsdale AZ 85260
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 60,000 ^{MTA} What is the remaining length of the lease 10 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ Payment of 100% of the lease or other _____
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0

Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO
 If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
 Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.


 applicant's signature

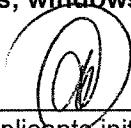
As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.


 applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
 If yes, what is your estimated opening date? 8-15-2011
 month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


 applicants initials

In this diagram please show only the area where alcoholic liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram Attached

John Sait 10,800A

11 JUN 6 49:16 PM 2011

SECTION 16 Signature Block

I, Oliver Charles Badger, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X

(signature of applicant listed in Section 4, Question 1)

State of AZ County of Maricopa



WENDY STRAIGHT
Notary Public—Arizona
Maricopa County
Expires 03/15/2012

The foregoing instrument was acknowledged before me this

31 of May, 2011
Day Month Year

Wendy Straight
signature of NOTARY PUBLIC

My commission expires on : 3/15/12
Day Month Year

15 JUN 6 10:17 9 NUT 11

Section 15 Diagram 1 of 2

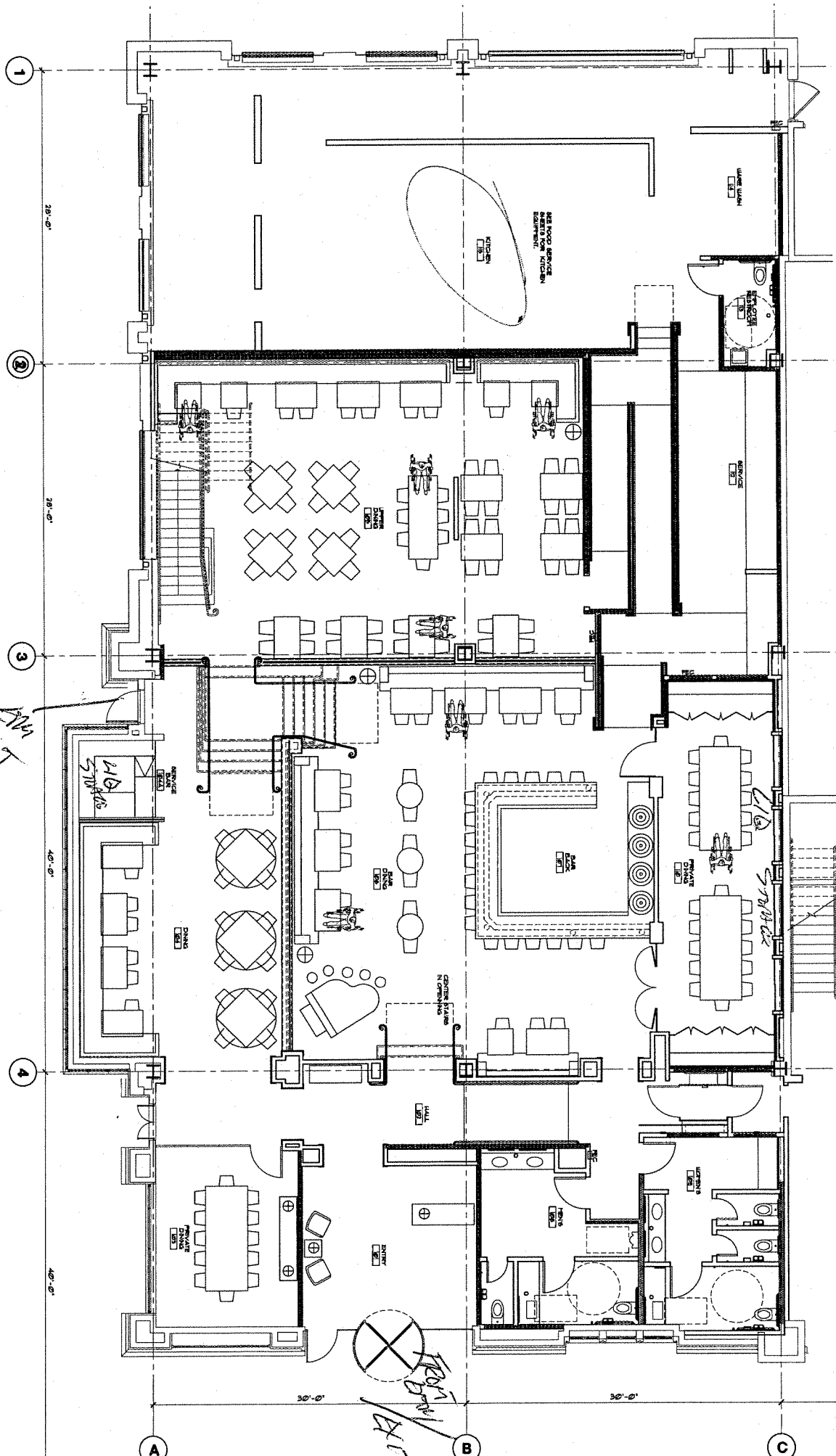
01 FLOOR PLAN - FURNITURE/SEATING

SCALE 1/8"=1'-0"

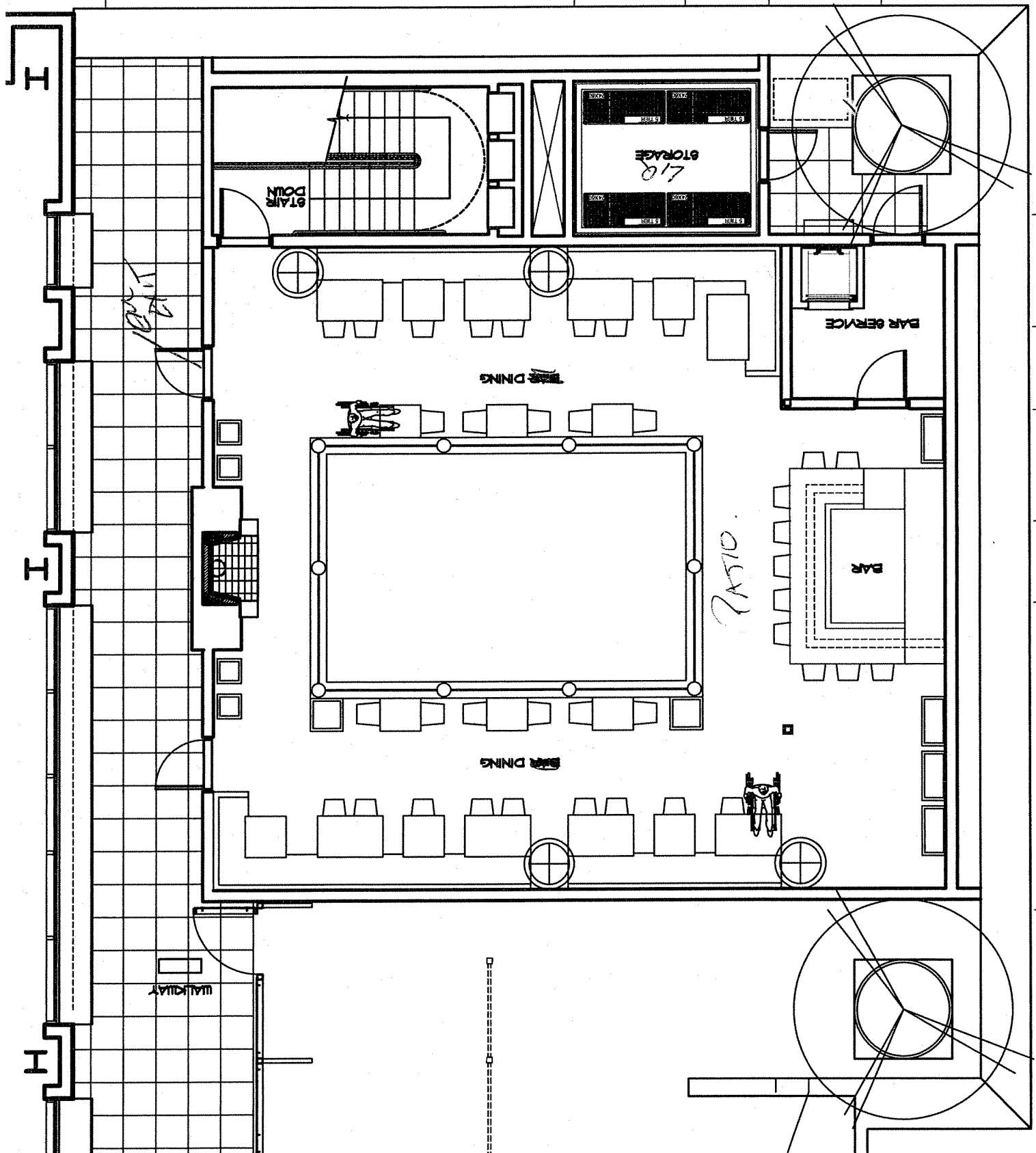
N



SEATING COUNT	
18	PLANO SEATING
35	BAR DINING
28	DINING - SOUTH
25	DINING - NORTH
24	PRIVATE DINING (BAR)
12	PRIVATE DINING (SOUTH)
120	INTERIOR TOTAL



11 JUN 6 LIQ. LIC. PM 3 47



SECTION 15 DIAGRAM 20-2.

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

11 JUN 6 11:47 PM '14

RESTAURANT OPERATION PLAN

LICENSE # 12078770

1. List by Make, Model and Capacity of your :

Grill	SEE ATTACHED
Oven	"
Freezer	"
Refrigerator	"
Sink	"
Dish Washing Facilities	"
Food Preparation Counter (Dimensions)	"
Other	"

2. Print the name of your restaurant: Michael Dominick's Lincoln Avenue Prime Steakhouse

3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).

4. List the seating capacity for:

- a. Restaurant area of your premises [340]
- b. Bar area of your premises [+52]
- c. Total area of your premises [392]

5. What type of dinnerware and utensils are utilized within your restaurant?

☒ Reusable ☐ Disposable

6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). ☐ Yes _____ % ☒ No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 70 %

*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television? ☒ Yes ☐ No
If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).
2 televisions in Bar Area. 1 television in each of the two Private dining rooms for presentations

9. Do you have live entertainment or dancing? ☒ Yes ☐ No
(If yes, what type and how often?)
Piano Player, Vocalist and Accompaniments (4-5 total) as an amenity to dinner.

10. Use space below or attach a list of employee positions and their duties to fully staff your business.

Hostess - Answer Phones and Seat Guests

Food Server - Attend to guests at tables and take order and serve food

Food Runners - Deliver food from kitchen

Bussers - Tend to tables and restaurant

Bar Tenders - Make cocktails and serve food to guests seated at bar

Bar Back - stock and set bars

Line Cooks - food production

Prep Cooks - food preparation

Dish washer - scullery and washing all wares

Executive Chef - oversee all culinary operations

Executive Sous Chef - assist Executive Chef

General Manager - Oversee all operations

Floor Manager - Assist General Manager

Somilier - Develop wine program

I, Oliver Charles Badgio, hereby declare that I am the APPLICANT filing this application. I have
(Print full name)
read this application and the contents and all statements true, correct and complete.

X [Signature]
(Signature of APPLICANT)

State of AZ County of Maricopa
The foregoing instrument was acknowledged before me this

31 day of May, 2011
Day of Month Month Year

My commission expires on: 3/15/12

[Signature]
(Signature of NOTARY PUBLIC)



WENDY STRAIGHT
Notary Public—Arizona
Maricopa County
Expires 03/15/2012

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

RECORDS REQUIRED FOR AUDIT

SERIES 11 (HOTEL/MOTEL/RESTAURANT) AND SERIES 12 (RESTAURANT)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government

- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages
- 13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food.
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (print licensee name):

BADGIO OLIVER CHARLES
Last First Middle

have read and fully understand all aspects of this statement.

State of AZ County of MARICOPA
The foregoing instrument was acknowledged before me on 31 day of May, 2011

X [Signature]
(Signature of Licensee)

31 day of May, 2011
Day Month Year

My commission Expires on: _____
Day Month Year

Wendy Straight
(Signature of Notary Public)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR RECORDS
Expires 03/15/2012

APPETIZERS & SALADS

Shrimp Cocktail	15.95	Clams Oreganata	16.95
Dungeness Crab Cocktail	20.95	Oysters Oreganata	15.95
Lobster Cocktail	MKT	Steamed Mussels (red or white)	15.95
Snow Crab Claw (ea)	5.95	NEED APP.	0.00
Oysters 1/2 Shell (1/2 Doz)	14.95	Tomatoes & Fior d' Latte Mozzarella	11.95
Chilled Alaskan King Crab Legs	28.95	Dominick Chopped Salad	8.95
Sauteed Shrimp	16.95	Cesar Salad	8.95
Calamari (fried)	11.95	Iceburg Wedge (gorgonzola & crispy procutto)	8.95
Beef Carpaccio	20.95	Warm Spinach Salad	8.95
Dominick's Prime Meatball (16oz)	12.95	Imported Meats & Cheeses (per person) ..	24.95
Steakhouse Ravioli	10.95	Ossetra "00" Caviar	MKT

Sliced Steak Scarpella

NY Strip, Italian Sausage, Fried Potato Rounds, Peppers, Onions.....55.95

STEAKS & CHOPS

Petite Filet (8oz)	34.95
Filet (12oz)	37.95
NY Strip (16oz)	41.95
KC Bone in Strip (18oz)	45.95
"Long Bone" - Bone In Ribeye Chop (22oz)	42.95
Chef's Cut Bone - In Rib Eye (33oz)	47.95
Porterhouse for two (48oz)	84.95
Birkshier "Double Cut" Pork Chops (14oz)	32.95
Rack of Lamb (12oz)	40.95
Prime, Prime Rib (24oz) (available Friday and Saturday only)	47.95

SEAFOOD

Chilean Sea Bass	38.95
Mahi Mahi	25.95
Sole (white wine, capers)	33.95
Shetland Island Salmon	27.95
Arctic Char Oreganata	35.95
Jumbo Sea Scallops	36.95
Alaskan King Crab Legs	58.95
Broiled Lobster Tails (2)	60.95
Clams or Mussels with Linguini	26.95

Broiled Maine Lobster

Live Main lobster 2lbs and up. Steamed, split and broiled with butter...MTK

CHICKEN & VEAL

Osso Bucco (20oz) (available Friday and Saturday only)	41.95
Bone In Veal Chop (16oz)	46.95
Bone-In Veal Chop (16oz) "Millinaese Style"	47.95
Chicken (12oz) (available Picatta, Marsala or Parmigiano)	26.95
Veal (12oz) (available Picatta, Marsala or Parmigiano)	26.95
Whole "Steakhouse" Chicken (22oz)	26.95

PASTA

(All of our sauces are made in house using only Imported San Marzano Tomatoes)

Rigatoni (Marinara, Vodka Sauce or Meat Sauce)	21.95
Cavatelli (Dominick's Special Marinara)	22.95
Fettucini Alfredo	22.95
Linguini with Garlic & Oil	20.95

SIDE DISHES

Garlic Mashed Potatoes	7.95	Side of Pasta	9.95
Gnocchi (with Crab meat and truffles)	22.95	Sautéed Spinach with Garlic	7.95
Thick Cut Fried Potato Rounds	7.95	Asparagus Sautéed or Steamed	8.95
Baked Potato	7.95	Broccoli Sautéed or Steamed	7.95
French Fries	0.00	Sautéed Mushrooms	7.95
Shoe String Potatoes	0.00	Creamed Corn	8.95
Onion Strings	7.95	Creamed Spinach	7.95
Steakhouse Tater Tots	8.95	Caramelized Sweet Onions	7.95
Twice Baked Potato	7.95	Sugar Snap Peas	7.95

*Consuming raw or undercooked meat, shellfish, poultry, fish, eggs or any other food cooked to order may increase your risk of food born illness.

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

JUN 6 11 47 AM '03

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078770

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☒ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: BADGIO OLIVER CHARLES Date of Birth [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Num [REDACTED] Drivers License [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: STOUGHTON MA USA Height: 5'8" Weight: 220 Eyes: BRN Hair: BRN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: BADGIO KRISTEN MICHELLE HAIGHT Date of Birth [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 1991

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N Scottsdale Rd C-100 Scottsdale Maricopa 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
5/2006	CURRENT	VP LICENSING	MASTRO COMPANIES
			16441 N. 90th St
			Scottsdale AZ 85260

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
10/2010	CURRENT	RENT	4637 MATT DILLON TRAIL	CAVE CREEK	AZ	85331
04-2004	10/2010	OWN	4220 E MAYA WAY	CAVE CREEK	AZ	85331

If you checked the Manager box on the front of this form skip to # 15

802-673

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? ☒ YES ☐ NO
If you answered YES, how many hrs/day? 6, and answer #14a below. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) ☒ YES ☐ NO
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☒ YES ☐ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, OLIVER CHARLES BADGIO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this
31 day of May, 2011
Month Year

My commission expires on:



WENDY STRAIGHT
Notary Public—Arizona
Maricopa County
Expired 03/15/2012

3/15/2012

[Signature]
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____ day of _____, _____
Signature of Controlling Person or Agent (circle one) Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

Maloney's On Campus 955 E University Drive Tempe AZ lic# 06070319 (inactive / closed)

1. R-15-213 failure to report act of violence
1. R-15-213 failure to report act of violence
1. 4-242 selling alcohol on credit
1. 4-244.14 intoxicated person on premises for more than thirty minutes
1. 4-244.9 sell, give, furnish underage person w/ alcohol
1. 4-244.22 underage on premises w/o parent (on-sale)

Maloney's Tavern 8608 E Shea blvd Scottsdale AZ lic# 06070205 (inactive / closed)

Maloney's Tavern 101 N. Leroux Flagstaff AZ lic# 06030025

1. 4-244.37 Failure to report act of violence
1. 4-244.37 Failure to report act of violence

Maloney's Tavern 301 E Stevens Ave Tucson AZ lic# 06100181

Maloney's Tavern 777 5th St San Diego CA lic# 47-403361(active) & 47-353306(not active)

Maloney's Tavern 325 Central Ave NW Albuquerque NM lic# 0459

1. Minor in a restricted area of the premises (Setteled one day suspension)
- 3-23-06 Drink price violation (Dismissed)
1. Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-18-08 Sale to intoxicated person (Disputed, pending)
- 5-31-08 Sale to Intoxicated person (Disputed, pending)
- 10-11-08 Sale to intoxicated person (Disputed, pending)

Maloney's Tavern 1432 Market St. Denver Co

- 11-21-08 Sale to Minor (1 day suspension, mitigating circumstances reduced mandatory 15 day)

Cocomo Joe's 28244 N Tatum Blvd Cave Creek AZ lic# 06070127 (sold 2009)

Mastro's Ocean Club 15045 N Kierland Blvd Scottsdale AZ lic# 12075110

Mastro's Ocean Club 8112 E Coast Hwy NPB CA lic# 47-453879 (active) 47-419588 (not active)

Chop House / Mastro's Steakhouse 8852 E Pinnacle Peak Scottsdale AZ lic# 12073925

11 JUN 06 19:16 PM '04

City Hall Steakhouse 6990 E Camelback Rd Scottsdale AZ lic# 12075111 JUN 6 Lic. Lic. # 354

Mastro's Steakhouse 246 N Canon Dr Beverly hills CA lic# 47-453793 (active) 47-371399 (not active)

Mastro's Steakhouse 633 Anton Blvd Costa Mesa CA lic# 47-453872 (active) 47-419639 (not active)

Mastro's Steakhouse 2087 T.O. Blvd Thousand Oaks CA lic# 47-453832(active) 47-438120(not active)

Marco Polo Café 8608 E Shea Blvd Scottsdale AZ (Closed)

Marco Polo Supper Club 2301 E Camelback Phoenix AZ (Closed)

1. 4-241.A Failure to request ID from underage buyer
1. 4-244.9 sell, give, furnish underage person w/ alcohol

Maloney's Tavern 7318 E Stetson Dr Scottsdale AZ (Closed)

Jake's Original Big daddy's BBQ 8608 E Shea Blvd Scottsdale AZ Lic # 12078547 (inactive closed)

Land Owner 4637 Matt Dillon Trail

11 JUN 6 11:14 PM 354

Cheryl Kesling

8711 East Pinnacle Peak Road; #C201 Pmb 302

Scottsdale, AZ 85255

480.663-3698



11 JUN 6 Lic. Lic. # 354

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License
Department of Liquor Licenses and Control

Liquor License #: 12078770

Ownership Name: DOMINICK'S ITALIAN STEAKHOUSE LLC
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Oliver Charles Badgio DATE 5-31-2011

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE Restaurant (12)

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: US PASSPORT

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City Stoughton State (or equivalent) MA Country or Territory USA

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

11 JUN 6 LIQ. LIC. PM 3 54

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

5-31-2011

TODAY'S DATE

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

Department of Liquor License & Control
800 W. Washington 5th Floor
Phoenix, Arizona 85007-2934
(602) 542-5141



SCOTTSDALE COMMUNITY COLLEGE
9000 East Chaparral Road
Scottsdale, Arizona 85256
(480) 423-6269

CERTIFICATION OF COMPLETED ALCOHOL TRAINING PROGRAM

Obtain originals of this form from DLLC - Do not photocopy - Type or print with black ink

ALCOHOL TRAINING PROGRAM INDIVIDUAL INFORMATION

OLIVER BADGIO
Individual Name (Print)
[Signature]
Individual Signature
JUNE 10, 2009
Date Training Completed

Type of Training Completed TRAINER MUST CHECK

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BASIC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	ON SALE
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	MANAGEMENT	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	OFF SALE
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BOTH	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	OTHER

IF TRAINEE IS EMPLOYED BY A LICENSEE:

NAME OF THE LICENSEE _____ BUSINESS NAME _____ LIQUOR LICENSE NUMBER _____

ALCOHOL TRAINING PROGRAM PROVIDER INFORMATION

SCOTTSDALE COMM. COLLEGE 9000 E. Chaparral Rd
Company or Individual Name Address
SCOTTSDALE, AZ 85256 480 423 6269
City State Zip Phone

I certify the above named individual has successfully completed the specified program(s)

[Signature] OLIVIA WARD
Trainer Signature Trainer Name (Print)
JUNE 10, 2009
Date

Trainer provides the original to Trainee and keeps copy for company records

Mandatory Liquor Law Training for all new applications submitted after Nov. 1, 1997, A.R.S. Section 4-112(G)(2)

Completion of the Liquor License Training Courses is required at the issuance of a license.

Liquor License Training is valid for two years from the date listed above.

The person(s) required to attend both Basic Liquor Law and Management Training, (either on-sale or off-sale) will include all of the following: Owner(s), licensee/agent or manager(s), WHO ARE ACTIVELY INVOLVED IN THE DAY TO DAY OPERATION OF THE BUSINESS.

Proof of attendance within the last five years for the required courses must be submitted in the Department before the license application is considered complete.

Before acceptance of a Manager's Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on-sale or off-sale) will be required.

LIC SCC 08/07

DUPLICATE
7/13/09

B 10138
M 01054

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

JUN 6 11 47 AM '11

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078770

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: TROILO SCOTT ANTHONY Date of Birth [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Num. [REDACTED] Drivers License [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: CLEARWATER FLORIDA USA Height: 5'9" Weight: 200 Eyes: BRN Hair: BRN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: TROILO MICHELLE FONTAINE Date of [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residenr [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N Scottsdale Rd C-100 Scottsdale Maricopa 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1-1991	CURRENT	OWNER	MASTRO COMPANIES

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
03/2004	CURRENT	OWN	7233 ROYAL PALM	SCOTTSDALE	AZ	85254

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☒ YES ☐ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, SCOTT ANTHONY TROILO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this
31 day of May, 2011
Month Year



WENDY STRAIGHT
Notary Public—Arizona
Commission Expires: 03/15/2012

3/15/2012
Day Month Year

[Signature]
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

Scott Troilo Declaration Page for AZDLLC New Liquor License Application Personal Questionnaire -
Question #s 17 & 19 +/-

Maloney's On Campus 955 E University Drive Tempe AZ lic# 06070319 (inactive / closed)

1. R-15-213 failure to report act of violence
1. R-15-213 failure to report act of violence
1. 4-242 selling alcohol on credit
1. 4-244.14 intoxicated person on premises for more than thirty minutes
1. 4-244.9 sell, give, furnish underage person w/ alcohol
1. 4-244.22 underage on premises w/o parent (on-sale)

Maloney's Tavern 8608 E Shea blvd Scottsdale AZ lic# 06070205 (inactive / closed)

Maloney's Tavern 101 N. Leroux Flagstaff AZ lic# 06030025

1. 4-244.37 Failure to report act of violence
1. 4-244.37 Failure to report act of violence

Maloney's Tavern 301 E Stevens Ave Tucson AZ lic# 06100181

Maloney's Tavern 777 5th St San Diego CA lic# 47-403361(active) & 47-353306(not active)

Maloney's Tavern 325 Central Ave NW Albuquerque NM lic# 0459

1. Minor in a restricted area of the premises (Setteled one day suspension)
- 3-23-06 Drink price violation (Dismissed)
1. Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-18-08 Sale to intoxicated person (Disputed, pending)
- 5-31-08 Sale to Intoxicated person (Disputed, pending)
- 10-11-08 Sale to intoxicated person (Disputed, pending)

Maloney's Tavern 1432 Market St. Denver Co

- 11-21-08 Sale to Minor (1 day suspension, mitigating circumstances reduced mandatory 15 day)

Cocomo Joe's 28244 N Tatum Blvd Cave Creek AZ lic# 06070127 (sold 2009)

Mastro's Ocean Club 15045 N Kierland Blvd Scottsdale AZ lic# 12075110

Mastro's Ocean Club 8112 E Coast Hwy NPB CA lic# 47-453879 (active) 47-419588 (not active)

Chop House / Mastro's Steakhouse 8852 E Pinnacle Peak Scottsdale AZ lic# 12073925

City Hall Steakhouse 6990 E Camelback Rd Scottsdale AZ lic# 12075111

11 JUN 6 14:14 PM '05

Mastro's Steakhouse 246 N Canon Dr Beverly hills CA lic# 47-453793 (active) 47-371399 (not active)

Mastro's Steakhouse 633 Anton Blvd Costa Mesa CA lic# 47-453872 (active) 47-419639 (not active)

Mastro's Steakhouse 2087 T.O. Blvd Thousand Oaks CA lic# 47-453832(active) 47-438120(not active)

Marco Polo Café 8608 E Shea Blvd Scottsdale AZ (Closed)

Marco Polo Supper Club 2301 E Camelback Phoenix AZ (Closed)

1. 4-241.A Failure to request ID from underage buyer
1. 4-244.9 sell, give, furnish underage person w/ alcohol

Maloney's Tavern 7318 E Stetson Dr Scottsdale AZ (Closed)

Jake's Original Big daddy's BBQ 8608 E Shea Blvd Scottsdale AZ Lic # 12078547 (inactive closed)

Question 18

Case number A588280 (pending and disputed)

11 JUN 6 11:17:16 PM 2015

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

702-673
AC
P50472
11 JUN 6 Lir. Lic. PM 3:00

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with **BLACK INK**.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

120780770
(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: MASTRO JEFFREY JAMES Date of Birth [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Number [REDACTED] Drivers License [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: PASSIAC NEW JERSEY USA Height: 5'9" Weight: 175 Eyes: BRN Hair: BRN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: MASTRO JODI LYNN PATTERSON Date of Birth [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residence, _____

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N. SCOTTSDALE RD C-100 SCOTTSDALE MARICOPA 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1991	CURRENT	OWNER	MASTRO COMPANIES
			1644 N. 90th St
			SCOTTSDALE AZ 85260

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
05/2008	CURRENT	OWN	8342 HIGH POINT DRIVE	SCOTTSDALE	AZ	85266
01/2003	05/2008		8322 E ARROYO SECCO	SCOTTSDALE	AZ	85266

if you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☒ YES ☐ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, JEFFREY JAMES MASTRO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this
31 day of May, 2011
Month Year



WENDY STRAIGHT
Notary Public—Arizona
Commission Expires: 03/15/2012

3/15/12
Day Month Year

Wendy Straight
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____ day of _____, _____
Signature of Controlling Person or Agent (circle one) Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

Jeffrey Mastro Declaration Page for AZDLLC New Liquor License Application Personal Questionnaire -
Question #s 17 & 19

Maloney's Tavern 8608 E Shea blvd Scottsdale AZ lic# 06070205 (inactive / closed)

Jake's Original Big daddy's BBQ 8608 E Shea Blvd Scottsdale AZ Lic # 12078547 (inactive closed)

Maloney's Tavern 1432 Market St. Denver Co

11-21-08 Sale to Minor (1 day suspension, mitigating circumstances reduced mandatory 15 day)

Cocomo Joe's 28244 N Tatum Blvd Cave Creek AZ lic# 06070127 (sold 2009)

Mastro's Ocean Club 15045 N Kierland Blvd Scottsdale AZ lic# 12075110

Mastro's Ocean Club 8112 E Coast Hwy NPB CA lic# 47-453879 (active) 47-419588 (not active)

Chop House / Mastro's Steakhouse 8852 E Pinnacle Peak Scottsdale AZ lic# 12073925

City Hall Steakhouse 6990 E Camelback Rd Scottsdale AZ lic# 12075111

Mastro's Steakhouse 246 N Canon Dr Beverly hills CA lic# 47-453793 (active) 47-371399 (not active)

Mastro's Steakhouse 633 Anton Blvd Costa Mesa CA lic# 47-453872 (active) 47-419639 (not active)

Mastro's Steakhouse 2087 T.O. Blvd Thousand Oaks CA lic# 47-453832(active) 47-438120(not active)

Marco Polo Café 8608 E Shea Blvd Scottsdale AZ (Closed)

Marco Polo Supper Club 2301 E Camelback Phoenix AZ (Closed)

1. 4-241.A Failure to request ID from underage buyer
1. 4-244.9 sell, give, furnish underage person w/ alcohol

Question 18

Case number A588280 (pending and disputed)

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

11 JUN 6 11 47 AM '05

QUESTIONNAIRE

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Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

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The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078770
(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: MASTRO BREND A LOU Date of Birth [REDACTED]
Last Middle (NOT a public record)

3. Social Security Number [REDACTED] Drivers License [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: SYRACUSE NY USA Height: 5'5" Weight: 130 Eyes: BRN Hair: BRN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: MASTRO MICHAEL DENNIS Date of Birth [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N. Scottsdale Rd. C-100 Scottsdale Maricopa 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
9/2004	CURRENT	HOMEMAKER	8560 E VIA DONA RD SCOTTSDALE AZ 85266

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
09/2004	CURRENT	OWN	8560 E VIA DONA RD	SCOTTSDALE	AZ	85266

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☒ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

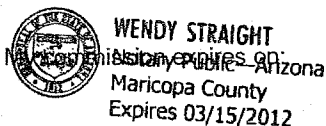
20. I, BRENDA LOU MASTRO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Brenda Lou Mastro
(Signature of Applicant)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this
3 day of June, 2011
Month Year

Wendy Straight
(Signature of NOTARY PUBLIC)



3-12-15
Day Month Year

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____ day of _____, _____
Signature of Controlling Person or Agent (circle one) Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

802-673
AC
1065069

11 JUN 6 12:41 PM '05

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078770
(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: MASTRO JODI LYNN Date of Birth [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Number [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: OMAHA NEBRASKA USA Height: 5'2" Weight: 120 Eyes: GRN Hair: BLN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: MASTRO JEFFREY JAMES Date of Birth [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 1984

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N. Scottsdale Rd. C-100 Scottsdale Maricopa 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
6-2003	CURRENT	HOMEMAKER	8342 HIGH POINT DRIVE SCOTTSDALE AZ 85266

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑ ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
05/2008	CURRENT	OWN	8342 HIGH POINT DRIVE	SCOTTSDALE	AZ	85266
01/2003	05/2008	OWN	8322 E ARROYO SECCO	SCOTTSDALE	AZ	85266

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☒ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.


SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Jodi Lynn Mastro, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Jodi Lynn Mastro
(Signature of Applicant)

State of AZ County of Maricopa
The foregoing instrument was acknowledged before me this
2 day of June, 2011
Month Year
Wendy Straight
(Signature of NOTARY PUBLIC)

My commission expires on:

 **WENDY STRAIGHT**
Notary Public - Arizona
Maricopa County
Expires 03/15/2012

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

x _____ day of _____
Signature of Controlling Person or Agent (circle one) Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

JUN 6 11 47 AM '06

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078770

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: MASTRO MICHAEL DENNIS Date of [REDACTED]
Last First Middle (NOT a public record)

3. Social Security Number [REDACTED] Drivers License [REDACTED] State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: NEPTUNE NEW JERSEY USA Height: 5'9" Weight: 200 Eyes: BRN Hair: BRN
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-235-1306

6. Name of Current or Most Recent Spouse: MASTRO BRENDA LOU GIEGER Date [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 1987

8. Telephone number to contact you during business hours for any questions regarding this document. 480-235-1306

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Michael Dominick's Lincoln Ave Prime Steakhouse Premises Phone: 480-272-7271

11. Physical Location of Licensed Premises Address: 15169 N. SCOTTSDALE RD C-100 SCOTTSDALE MARICOPA 85260
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
12/1991	CURRENT	OWNER	MASTRO COMPANIES 16441 N. 90th St SCOTTSDALE AZ 85260.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
09/2004	CURRENT	OWN	8560 E VIA DONA	SCOTTSDALE	AZ	85266

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☒ YES ☐ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☒ YES ☐ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, MICHAEL DENNIS MASTRO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of AZ County of MARICOPA

The foregoing instrument was acknowledged before me this
31 day of May, 2011
Month Year

My commission expires  3/15/12
WENDY STRAIGHT
Notary Public - Arizona
Maricopa County
Expires 03/15/2012 Year

Wendy Straight
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

X _____
Signature of Controlling Person or Agent (circle one)

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

Michael Mastro Declaration Page for AZDLLC New Liquor License Application Personal Questionnaire -
Question #s 17 & 19 +16

Maloney's On Campus 955 E University Drive Tempe AZ lic# 06070319 (inactive / closed)

1. R-15-213 failure to report act of violence
1. R-15-213 failure to report act of violence
1. 4-242 selling alcohol on credit
1. 4-244.14 intoxicated person on premises for more than thirty minutes
1. 4-244.9 sell, give, furnish underage person w/ alcohol
1. 4-244.22 underage on premises w/o parent (on-sale)

Maloney's Tavern 8608 E Shea blvd Scottsdale AZ lic# 06070205 (inactive / closed)

Maloney's Tavern 101 N. Leroux Flagstaff AZ lic# 06030025

1. 4-244.37 Failure to report act of violence
1. 4-244.37 Failure to report act of violence

Maloney's Tavern 301 E Stevens Ave Tucson AZ lic# 06100181

Maloney's Tavern 777 5th St San Diego CA lic# 47-403361(active) & 47-353306(not active)

Maloney's Tavern 325 Central Ave NW Albuquerque NM lic# 0459

1. Minor in a restricted area of the premises (Setteled one day suspension)
- 3-23-06 Drink price violation (Dismissed)
1. Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Minor in restricted area of premises (Disputed, pending)
- 1-29-07 Sale of alcohol to a minor (Disputed, pending)
- 1-29-07 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-17-08 Sale to intoxicated person (Disputed, pending)
- 3-18-08 Sale to intoxicated person (Disputed, pending)
- 5-31-08 Sale to Intoxicated person (Disputed, pending)
- 10-11-08 Sale to intoxicated person (Disputed, pending)

Maloney's Tavern 1432 Market St. Denver Co

- 11-21-08 Sale to Minor (1 day suspension, mitigating circumstances reduced mandatory 15 day)

Cocomo Joe's 28244 N Tatum Blvd Cave Creek AZ lic# 06070127 (sold 2009)

Mastro's Ocean Club 15045 N Kierland Blvd Scottsdale AZ lic# 12075110

Mastro's Ocean Club 8112 E Coast Hwy NPB CA lic# 47-453879 (active) 47-419588 (not active)

Chop House / Mastro's Steakhouse 8852 E Pinnacle Peak Scottsdale AZ lic# 12073925

City Hall Steakhouse 6990 E Camelback Rd Scottsdale AZ lic# 12075111

11 JAN 6 19:14 PM '05

Mastro's Steakhouse 246 N Canon Dr Beverly hills CA lic# 47-453793 (active) 47-371399 (not active)

Mastro's Steakhouse 633 Anton Blvd Costa Mesa CA lic# 47-453872 (active) 47-419639 (not active)

Mastro's Steakhouse 2087 T.O. Blvd Thousand Oaks CA lic# 47-453832(active) 47-438120(not active)

Marco Polo Café 8608 E Shea Blvd Scottsdale AZ (Closed)

Marco Polo Supper Club 2301 E Camelback Phoenix AZ (Closed)

1. 4-241.A Failure to request ID from underage buyer
1. 4-244.9 sell, give, furnish underage person w/ alcohol

Maloney's Tavern 7318 E Stetson Dr Scottsdale AZ (Closed)

Jake's Original Big daddy's BBQ 8608 E Shea Blvd Scottsdale AZ Lic # 12078547 (inactive closed)

Question 18

Case number A588280 (pending and disputed)

11 JUN 6 4:47 PM 3/55